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N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		State File No.		Registered No.	
County <u>Apache</u>		State <u>ARIZONA</u>			
Township _____		or Village _____			
City <u>Fort Defiance</u>		No. <u>So Navajo Gen Hospital</u>		Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number)					
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.		How long in U. S. _____ yrs. _____ mos. _____ ds.		How long in State where death occurred? _____ yrs. _____ mos. _____ ds.	
2. FULL NAME <u>Allie Tassie</u>		How long in State where death occurred? _____ yrs. _____ mos. _____ ds.			
(a) Residence: No. <u>Law Mill, Ariz</u>		St. _____		Ward _____	
(Usual place of abode)		(If non-resident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Nav.</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Oct. 8, 1937</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		X X X		22. I HEREBY CERTIFY, That I attended deceased from <u>6:20 PM. 10-8, 1937, to 6:30 PM. 10-8, 1937</u>	
6. DATE OF BIRTH (month, day, and year) <u>Oct., 1919</u>		7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.		I last saw him alive <u>at 6:29 PM. 10-8, 1937</u> ; death is said to have occurred on the date stated above, at <u>6:30 PM.</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		The principal cause of death and related causes of importance were as follows:	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____		Date of Onset <u>10-8-37</u>	
	12. BIRTHPLACE (city or town) <u>Black Mountain</u> (state or country) _____				
MOTHER	13. NAME <u>Mildie Tassie</u>	14. BIRTHPLACE (city or town) <u>Law Mill</u> (State or country) _____		Name of operation _____ Date of _____	
	15. MAIDEN NAME <u>Ladia Watchman</u>	16. BIRTHPLACE (city or town) <u>Canyon De Chelly</u> (State or country) _____		What test confirmed diagnosis? _____ Was there an autopsy? _____	
	17. INFORMANT (Address) _____	18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 19____		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>10-8, 1937</u> Where did injury occur? <u>Sawmill, Arizona</u> (Specify city or town, county and State)	
19. UNDERTAKER (Address) _____	20. Filed _____, 19____ Registrar _____		Specify whether injury occurred in industry, in home, or in public place. <u>Industry</u> Manner of injury <u>Fell from limb</u> Nature of injury <u>Internal Hemorrhage</u>		
				24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify <u>was being transported from work</u> (Signed) <u>Jacob R. Siegel</u> , M. D. (Address) <u>Fort Defiance, Arizona</u>	